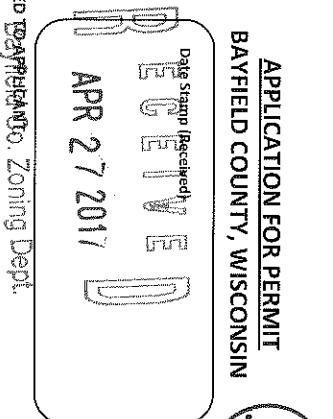


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 358
Washburn, WI 54891
(715) 373-6138



Permit #:	17-0113
Date:	5-8-17
Amount Paid:	\$2,500
Refund:	4-21-17

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED BY BAYFIELD COUNTY Zoning Dept.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Grace Baptist Church</u>	Mailing Address: <u>PO Box 356</u>	City/State/Zip: <u>Iron River WI 54847</u>	Telephone: <u>715-372-4110</u>
Address of Property: <u>S Bear Paw Rd</u>		City/State/Zip: <u>Iron River WI 54847</u>	Cell Phone: <u>218-269-7635</u>
Contractor: <u>Grace Baptist</u>	Contractor Phone: <u>372-4110</u>	Plumber: <u>Ryan Muecke</u>	Plumber Phone: <u>715-432-9536</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>Tom Blomberg</u>		Agent Phone: <u>715-372-5523</u>	Agent Mailing Address (include City/State/Zip): <u>Iron River WI 54847</u>
PROJECT LOCATION	Legal Description: (Use Tax Statement) <u>1/4, 1/4</u>	Tax ID# (4-5 digits) <u>34166</u>	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: <u>948</u> R. <u>859</u>
Section <u>10</u> , Township <u>47</u> N, Range <u>9</u> W	Town of: <u>Hughes</u>		Lot Size <u>9.97</u>

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline: _____ feet		

Value at Time of Completion * include donated time & material <u>\$1,000,000</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: <u>Leuv.</u>	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	Specify Type: _____	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: _____	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: _____	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	Specify Type: _____	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	Specify Type: _____	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	Specify Type: _____	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: <u>144</u>	Width: <u>150</u>	Height: <u>26</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> with Loft	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> with a Porch	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> with (2 nd) Porch	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> with a Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> with (2 nd) Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input checked="" type="checkbox"/> Commercial Use	<input type="checkbox"/> with Attached Garage	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Mobile Home (manufactured date) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Addition/Alteration (specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Accessory Building (specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input checked="" type="checkbox"/> Special Use: (explain) <u>church</u>	(<u>144</u> X <u>150</u>)	<u>irregular</u>
	<input type="checkbox"/> Conditional Use: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Other: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Tom Blomberg
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____ Attach Copy of Tax Statement
(If you recently purchased the property send your Recorded Deed)

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: **North (N)** on Plot Plan
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road** (Name Frontage Road)
(4) Show: **All Existing Structures** on your Property
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

See attached

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

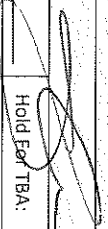
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 17-14S new	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: 17-0113		Permit Date: 5-8-13				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)		Case #:	Previously Granted by Variance (B.O.A.)		Case #:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record:		Zoning District: residential Lakes Classification: (N/A)				
Date of Inspection: 4-13-17	Inspected by: J. Anderson Murphy	Date of Re-Inspection:				
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (if No they need to be attached)						
per approval of Bayfield County Planning & Zoning Committee 4-20-2017						
Signature of Inspector: 		Date of Approval: 5-1-17				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>		

PROPOSED NEW CHURCH BUILDING FOR: GRACE BAPTIST CHURCH

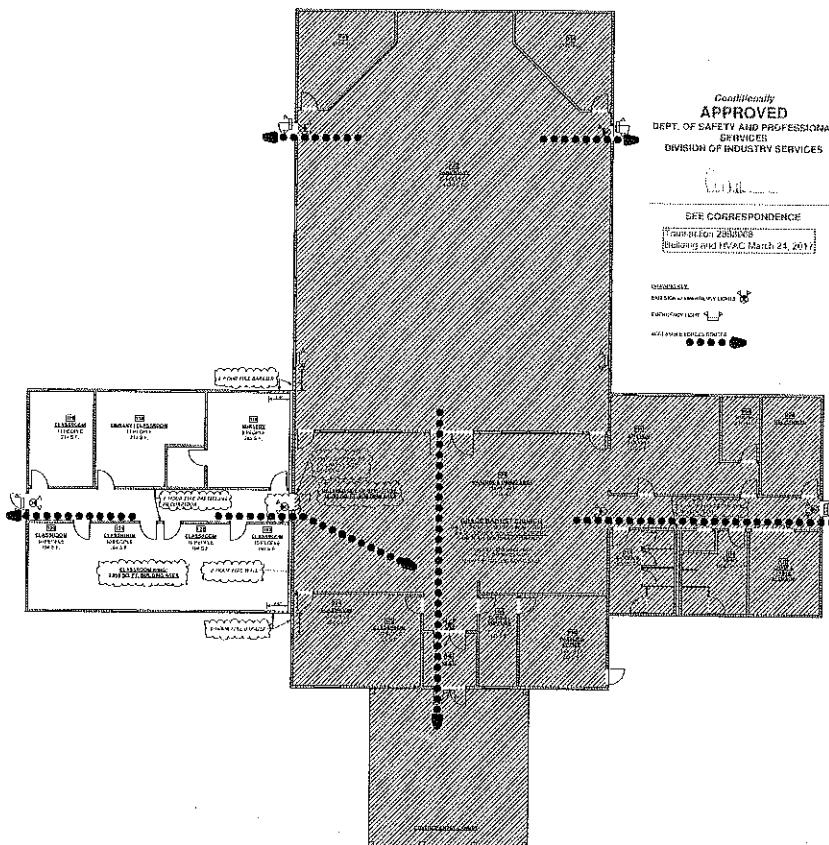
P.O. BOX 356
IRON RIVER, WI 54847

PROJECT NUMBER: 16-2956



GENERAL NOTES

1. THE CONTRACTOR IS TO KEEP A SET OF STATE APPROVED PLANS AT THE JOB SITE AT ALL TIMES.
2. A PRE-CONSTRUCTION CONFERENCE WILL BE HELD WITH THE CONTRACTORS BEFORE ANY WORK COMMENCES.
3. ALL BUILDING DIMENSIONS MUST BE FIELD VERIFIED.
4. ALL PROPERTY LINES ARE ASSUMED UNLESS A CERTIFIED SURVEY MAP HAS BEEN PROVIDED FOR THE PROPERTY.
5. ANY DISCREPANCIES IN THE PLANS ARE TO BE REPORTED TO THE ARCHITECT IMMEDIATELY.
6. ALL WORK IS TO BE PERFORMED IN ACCORDANCE WITH THE WISCONSIN BUILDING, PLUMBING, ELECTRICAL, AND HVAC CODE (BEC) CURRENTLY IN EFFECT.
7. THE CONTRACTOR MUST VERIFY ALL EXISTING CONDITIONS AT THE JOB SITE.
8. THE CONTRACTOR IS TO HAVE ALL THE UTILITY LINES VERIFIED BY THE RESPECTIVE UTILITY COMPANIES IF APPLICABLE. THE CONTRACTOR SHALL HAVE A LOCAL IRON RIVER DIGGER'S HOTLINE PRIOR TO BREAKING OF GROUND. PHONE: 1-800-242-4511
9. THE CONTRACTOR SHALL BE AWARE OF ALL PRIVATE UTILITIES LOCATIONS SUCH AS WATER, SEWER, AND GAS.
10. ALL EQUIPMENT AND MATERIAL INSTALLATION SHOULD BE IN STRICT ACCORDANCE WITH THE UTILITY COMPANIES INVOLVED AND THE MANUFACTURER'S INSTALLATION INSTRUCTIONS.
11. ALL STATE AND LOCAL BUILDING PERMITS WILL BE OBTAINED BY THE OWNER AND MUST BE POSTED AT THE JOB SITE BY THE CONTRACTOR.
12. ALL DAMAGE TO EXISTING DRIVEWAYS, ROADWAYS, STREETS, CONCRETE SIDEWALKS, LAWNS, ETC. MUST BE RESTORED TO THE CONDITION THEY WERE IN PRIOR TO CONSTRUCTION COMMENCEMENT.
13. PROVIDE A MINIMUM OF 2% DRAINAGE SLOPE AWAY FROM THE ENTIRE PERIMETER OF THE BUILDING FOR THE FIRST 20 FEET, EXCEPT WHERE NOTED.
14. REFER TO ENGINEERED TRUSS DRAWINGS, IF APPLICABLE, FOR PLACEMENT OF TRUSS COMPONENTS. CONTRACTOR IS TO FIELD VERIFY ALL TRUSS DIMENSIONS BEFORE PRODUCTION OF TRUSSES.
15. ALL BUILDING SETBACKS ARE MEASURED FROM THE EAVE LINE OF THE BUILDING.
16. IF APPLICABLE, THE FIRE RATINGS OF WALLS AND CEILINGS MUST BE MAINTAINED BEHIND ALL INSTALLATIONS (BATH VENTS, VAHVES, CEILING FANS, ELECTRICAL BOXES, EXHAUST FANS, ETC.).
17. IF APPLICABLE, AIR CONDITIONING AND HEATING EQUIPMENT SHOULD BE PLACED IN WALLS TO COORDINATE WITH FURNITURE PLACEMENT. VERIFY LOCATION WITH OWNER BEFORE INSTALLATION.



EMERGENCY EGRESS PLAN

SCALE: 3/32" = 1'-0"

Conditionally
APPROVED
DEPT. OF SAFETY AND PROFESSIONAL
SERVICES
DIVISION OF INDUSTRY SERVICES

SEE CORRESPONDENCE

TRANSITION 2850000
October and March 24, 2017

UNLESS
THIS PLAN IS OTHERWISE SPECIFIED
BY THE ARCHITECT
FOLLOW THE
WISCONSIN BUILDING CODE

BUILDING DATA	
BUILDING CODE:	2009 INTERNATIONAL BUILDING CODE (IBC)
BUILDING USE:	ASSEMBLY (A-3)
CONSTRUCTION TYPE:	TYPE Vb (wood)
NUMBER OF FLOORS/STORIES:	ONE STORY
PROJECT AREA:	TOTAL BUILDING = 12,450 SQ. FT. BUILDING FOOTPRINT = 11,448 SQ. FT. CAR DROP OFF CANOPY = 400 SQ. FT.
TABULAR BLD AREA:	2,000 SQ. FT. PER FLOOR PER IBC TABLE 503
AREA MODIFICATION:	PROPOSED MODIFICATION: A = 125' x 55' = 6,875 SQ. FT. B = 6.75 A ₁ = A ₂ x B ₁ = 6.75 A ₂ = 6,875 x 6.75 = 46,306.25 B ₂ = 6.75
ALLOWABLE BLD AREA:	10,500 SQ. FT. PER FLOOR
DRINKING CAPACITY CALCULATION:	TOTAL BUILDING OCCUPANCY = 400 BASED ON: SEATING FOR 200 IN SANCTUARY UNDEVELOPATED SEATING IN ROOM A1 = 170 20 NET S.F. OCCUPANT IN EACH CLASSROOM = 20 KITCHEN AREA 200 GROSS S.F. / OCCUPANT = 2 BUSINESS OFFICES 100 GROSS S.F. / OCCUPANT = 2
BUILDING CAPACITY:	BUILDING OCCUPANCY WILL BE POSTED AT A MAX. OF 200 OCCUPANTS
DATA REVD:	FROM SANCTUARY = 20' x 22' = 440' EGRESS WIDTH TWO - 32" CLEAR WIDTH & ONE 64" CLEAR WIDTH FROM BUILDING = 40' x 8' = 320' EGRESS WIDTH TWO - 32" CLEAR WIDTH & ONE 64" CLEAR WIDTH ENTS PROVIDED
EXIT TRAVEL DISTANCE:	PER TABLE 1016.1 = 200 FEET
SPRINKLER REQUIREMENT:	NOT REQUIRED: BUILDING OCCUPANCY WILL BE POSTED AT A MAX. OF 200 OCCUPANTS
FIRE ALARM REQUIREMENT:	NOT REQUIRED
PLUMBING FIXTURES REQUIRED:	WATER CLOS. 500 OCCUPANCY (250 MEN, 250 WOMEN) WATER CLOS. 1000: 1 PER 100 = 10 W.C., 2 URINALS LAVATORIES: 1 PER 20 = 2 WOMEN: 1 PER 20 = 2 SUPPLY SINK: 1 PER 200 = 1 DRINKING FOUNTAIN: CUPS PROVIDED IN KITCHEN
STRUCTURAL LOADS:	GROUND SNOW LOAD: 50 psf FLAT ROOF SNOW LOAD: 40 psf SLOPED ROOF SNOW LOAD: 20 psf UNBALANCED LOAD: 80 psf - Ridge out 10' 100 psf - From ridge out 10' 20 psf - From W to eave WIND LOAD (HORIZONTAL): 20 psf WIND LOAD (VERTICAL): 20 psf WIND LOAD (UP/LIFT AT EAVES): 9 psf
EXPOSURE:	C FULLY EXPOSED
SNOW EXPOSURE FACTOR C _s :	0.9
SNOW IMPORTANCE FACTOR I _s :	1.1
THERMAL FACTOR C _t :	1.1
STRUCTURAL:	2,000 PSF (CLAY SAND FILL) 4,000 PSF @ 28 DAYS CONCRETE COMP. STRENGTH: 4,000 PSI REINFORCING STEEL: 60,000 PSI TENSILE (GRADE 60)

INDEX TO DRAWINGS

- A-1 TITLE PAGE
- A-2 SITE PLAN
- A-3 FOUNDATION & ROOF PLANS
- A-4 FIRST FLOOR PLAN
- A-5 ELEVATIONS
- A-6 CROSS SECTIONS
- A-7 WALL SECTIONS & DETAILS
- A-8 DETAILS & SCHEDULES
- A-9 DETAILS
- P-1 PLUMBING PLAN
- H-1 HVAC PLAN
- E-1 ELECTRICAL PLAN

PROPOSED NEW CHURCH BUILDING FOR:
GRACE BAPTIST CHURCH
P.O. BOX 356, IRON RIVER, WI 54847

TITLE PAGE

OS Design & Engineering, Inc.
333 Lake Street, Suite 200
Iron River, WI 54847
Phone: (715) 862-2200
Fax: (715) 862-2200
E-Mail: info@osdesigneng.com
www.osdesigneng.com



DESIGNED BY: S.G.S.
DRAWN BY: A.D.E.
CHECKED BY: AS NOTED
DATE: MARCH 2017

PROJECT NO.: 16-2956

DATE: 03/17/17
A-1
COPYRIGHT © 2017

JRCH

City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY – 17-14S
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0113** Issued To: **Grace Baptist Church / Tom Blomberg, Agent**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **10** Township **47** N. Range **9** W. Town of **Hughes**

Gov't Lot Lot **1** Block Subdivision CSM# **1473**

For: **Commercial Principal Structure: [1- Story; Church (Irregular) = 21,600 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Per approval of Bayfield County Planning and Zoning Committee 4/20/2017 (no conditions).

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

May 8, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED
APR 21 2017
Bayfield Co. Zoning Dept.

Permit #:	17-0127
Date:	5-10-17
Amount Paid:	\$75 424-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: <u>Jones Folter</u>	Mailing Address: <u>6885 E Maple Iron River MI 61447</u>	Telephone: _____
Address of Property: _____	City/State/Zip: _____	Cell Phone: <u>715-877-6851</u>
Contractor: _____	Contractor Phone: _____	Plumber: _____
Authorized Agent: (Person Signing Application on behalf of Owner(s)) _____	Agent Phone: _____	Agent Mailing Address (include City/State/Zip): _____
PROJECT LOCATION: <u>Sec 14, SE 1/4</u>	Legal Description: (Use Tax Statement) <u>18325</u>	Tax ID# (4-5 digits) <u>18325</u>
Gov't Lot _____	Lot(s) _____	Block(s) No. _____
CSM _____	Vol & Page _____	Subdivision: _____
Section <u>14</u> , Township <u>42</u> N, Range <u>9</u> W	Town of: <u>Hegons</u>	
<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes--continue -->	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Distance Structure is from Shoreline: <u>35</u> feet	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland		

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>20,000</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exis) Specify Type: <u>Septic</u>	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft				
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (pit) or <input type="checkbox"/> Vented (min 200 gallon)	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input checked="" type="checkbox"/> Compost Toilet	
	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____			<input checked="" type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: <u>40</u>	Width: <u>30</u>	Height: <u>20</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> with Loft	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> with a Porch	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> with (2 nd) Porch	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with a Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> with (2 nd) Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> with Attached Garage	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Mobile Home (manufactured date) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input checked="" type="checkbox"/> Accessory Building (specify) <u>Garage</u>	(<u>30</u> X <u>40</u>)	<u>1200</u>
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Special Use: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Conditional Use: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Other: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)		

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): [Signature] Date 4-21-17

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____ Attach Copy of Tax Statement If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: **North (N) on Plot Plan**
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
(4) Show: **All Existing Structures on your Property**
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

See Attached

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	85 Feet	Setback from the Lake (ordinary high-water mark)	350 Feet
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	
Setback from the North Lot Line	130 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	200 Feet	Setback from Wetland	
Setback from the West Lot Line	430 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	85 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	250 Feet	Setback to Well	
Setback to Drain Field			
Setback to Privy (Portable, Composting)			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

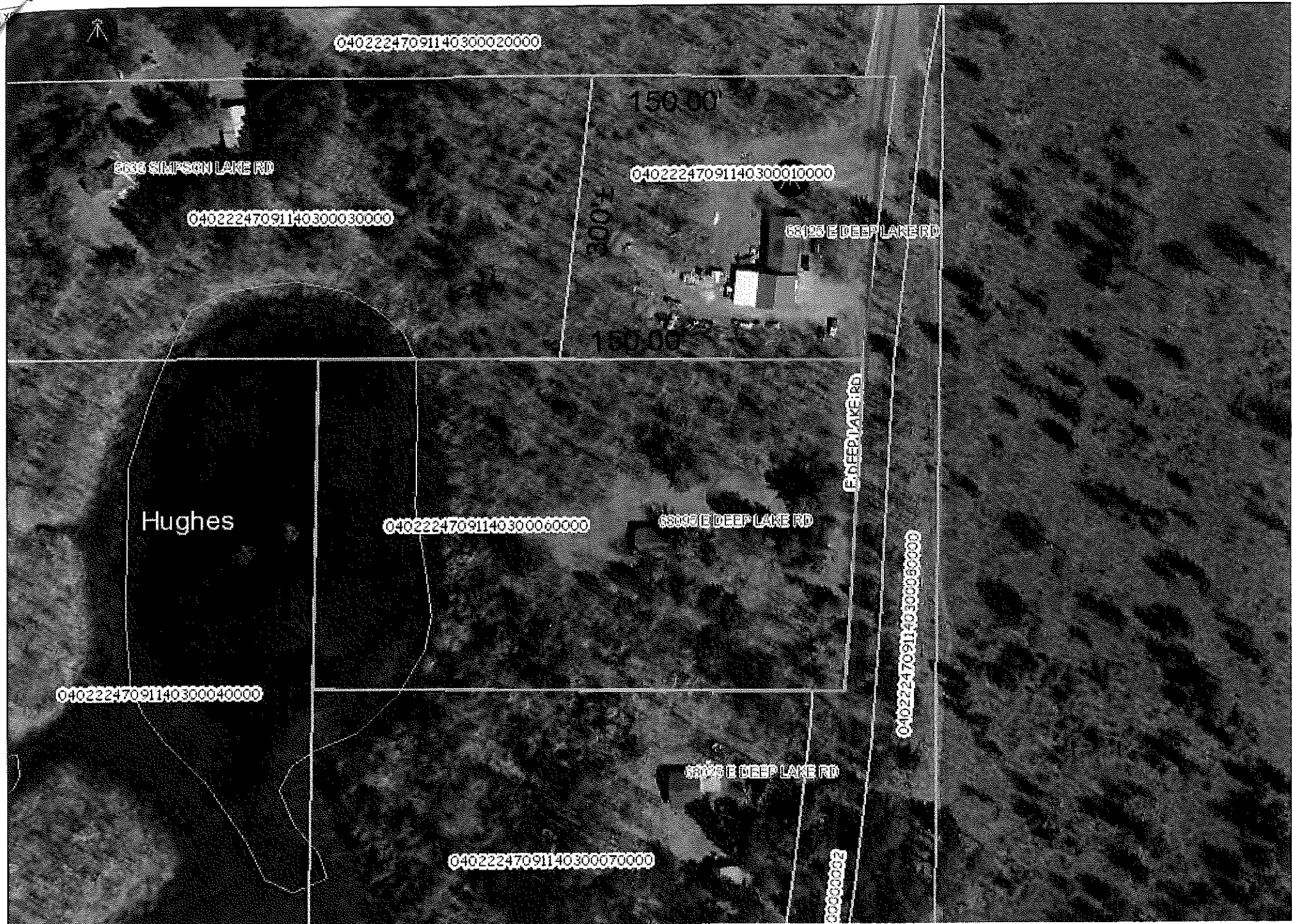
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 17-0027	Permit Date: 5-16-17			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> No <input type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: Sanct light installed @ inspection		Zoning District Lakes Classification ()	(16-1)	
Date of Inspection: 5-9-17	Inspected by: JCMuepff	Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (if No they need to be attached.)				
Building steel not be used for human habitation & for sleeping purposes & shall not have water plumbing fixtures connected to pressurized water source				
Signature of Inspector:		Date of Approval: 5-9-17		
Hold For Sanitary: <input type="checkbox"/>	Hold For TPA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>



City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0127** Issued To: **James Fuller**

S 350' N 9950' E ½

Location: **SW ¼** of **SE ¼** Section **11** Township **47** N. Range **9** W. Town of **Hughes**

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Addition / Alteration: [1- Story; Garage (30' x 40') = 1,200 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Building shall not be used for human habitation and/or sleeping purposes and shall not have indoor plumbing fixtures connected to pressurized water source.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

May 10, 2017

Date